

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

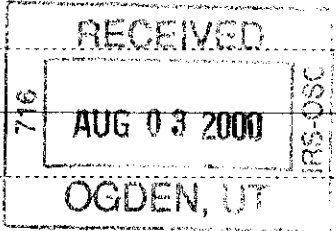
1 Name of organization Rene Garcia		Employer identification number 65 : 1027291
2 Mailing address (P.O. Box or number, street, and room or suite number) 217 East 63rd Street		
City or town, state, and ZIP code Hialeah, FL 33013		
3 E-mail address of organization ReneGarcia2000@aol.com		
4a Name of custodian of records Rene Garcia	4b Custodian's address 217 East 63rd Street	
5a Name of contact person Rene Garcia	5b Contact person's address 217 East 63rd Street	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		
City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Political campaign

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **65-1027291**OMB No. 1545-0003 **7/31/00**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service► **Keep a copy for your records.**

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Rene Garcia Campaign Account					
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name			
	4a Mailing address (street address) (room, apt., or suite no.) 217 East 63rd Street		5a Business address (if different from address on lines 4a and 4b)			
	4b City, state, and ZIP code Hialeah, FL 33013		5b City, state, and ZIP code			
	6 County and state where principal business is located Miami-Dade FL					
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Rene Garcia 589-48-3103					
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.					
<input type="checkbox"/> Sole proprietor (SSN) 589 48 3103 <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard <input type="checkbox"/> Other corporation (specify) ► _____ <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Trust _____ <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> Other nonprofit organization (specify) ► _____ (enter GEN if applicable) _____ <input checked="" type="checkbox"/> Other (specify) ► Political Campaign						
8b If a corporation, name the state or foreign country (if applicable) where incorporated						
State		Foreign country				
9 Reason for applying (Check only one box.) (see instructions)						
<input type="checkbox"/> Started new business (specify type) ► _____ <input type="checkbox"/> Banking purpose (specify purpose) ► _____ <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Created a pension plan (specify type) ► _____ <input checked="" type="checkbox"/> Other (specify) ► _____						
10 Date business started or acquired (month, day, year) (see instructions)						
07		00				
11 Closing month of accounting year (see instructions)						
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ►						
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►						
Nonagricultural		Agricultural		Household		
14 Principal activity (see instructions) ► Political Campaign						
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►						
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►						
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.						
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►						
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.						
Name and title (Please type or print clearly.) ► Rene Garcia Candidate				Business telephone number (include area code)		
				(305) 883-8007		
Signature ► Rene Garcia Date ► 7/31/2000				Fax telephone number (include area code)		
				(305) 883-5814		
Note: Do not write below this line. For official use only.						
Please leave blank ►		Geo.	Ind.	Class	Size	Reason for applying